

Case Number:	CM13-0058866		
Date Assigned:	12/30/2013	Date of Injury:	06/17/2013
Decision Date:	04/01/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 27 year old female who was injured on 06/17/2013 while lifting up a large pot which was very heavy sustaining injury to her lower back. Treatment history included chiropractic treatment and medications such as analgesics, hydrocodone, cyclobenzaprine, and Naproxen. MRI of lumbar spine without contrast on 09/12/2013 revealed degenerative disc disease at T11-12 and L2-3, otherwise a negative MI of lumbar spine. A Clinic note dated 08/30/2013 with objective findings on exam was as follows: **THORACIC SPINE:** **INSPECTION/PALPATION:** Examination revealed no swelling, ecchymosis, spasm, or tenderness. Manual muscle testing was within normal limits. No general muscle weakness was noted. **Orthopedic Tests:** Foraminal compression test was negative. **LUMBOSACRAL SPINE:** **INSPECTION/PALPATION:** Examination revealed spasms and tenderness on palpation over the lumbar paraspinals. There was no dorsiflexion power weakness noted. There was plantar flexion power weakness noted on the right side. There was decreased sensation noted to light touch and pinprick over the right L5 and S1 dermatomes. Manual muscle testing was within normal limits. No general muscle weakness was noted. **ORTHOPEDIC TESTS:** Foraminal compression test was positive on the right side. Straight leg raise test was positive at 45 degrees. Sitting Lasegue test was positive on the right. Bragard's, Kemp's, Milgram's and Patrick's Fabere tests were negative. **RANGE OF MOTION:** There was restricted range of motion with pain. **HIPS:** **INSPECTION/PALPATION:** Examination revealed no swelling, ecchymosis, crepitus or clicking. There was no muscle spasm noted over the quadriceps and gluteal muscles. There was tenderness noted over the trochanteric bursa on the right. There was no tenderness noted over the ischiogluteal bursa, iliopsoas bursa, iliotibial band, and groin area. Manual muscle testing was within normal limits. No general muscle weakness noted. **Orthopedic Tests.** **SENSORY EXAM:** There is diminished sensation in the left L5 and S1 dermatomes of the lower extremities.

DEEP TENDON REFLEXES: Reflexes are symmetric at 2+/4 in the bilateral lower extremities but 1/4 in the left ankle. On a clinic note dated 10/04/2013, the patient complains of spasm-like pain in her lower back and both legs. The pain is associated with tingling, numbness and weakness on both legs. Musculoskeletal exam reveals: No head tilt, anterior gravity of head, high shoulder, high hip and pelvis, and longer leg was noted. Examination revealed spasms and tenderness on palpation over the lumbar paraspinals. There was no dorsiflexion power weakness noted. There was plantar flexion power weakness noted on the right side. There was decreased sensation noted to light touch and pinprick over the right L5 and S1 dermatomes. Manual muscle testing was within normal limits. No general muscle weakness was noted. On lumbar exam: foraminal compression test was positive on the right. Straight leg raise test was positive at 45 degrees. Sitting Lasegue test was positive on the right. Bragard's, Kemp's, Milgram's, and Patrick's and Fabere tests were negative. There was restricted range of motion with pain. Examination revealed no swelling, ecchymosis, crepitus, or clicking. There was no muscle spasm noted over the quadriceps and gluteal muscles. There was tenderness noted over the trochanteric bursa on the right. There was no tenderness noted over the ischiogluteal, iliopsoas bursa, iliotibial band, and groin area. Manual muscle testing was within normal limits. A clinic note dated 11/08/2013 documents the patient with complaints of spasm-like pain in her lower back and left leg. The pain is associated with tingling, numbness and weakness of the left leg. The pain is constant in frequency and severe in intensity. The pain is aggravated by bending forward, bending backwards, stooping, lying down, and prolonged standing, sitting, and walking. The patient states her symptoms have been worsening since the injury. The pain in her back is 9/10 of her pain, and the pain in her leg is 7/10 of her pain. She can walk 1/2 block before having to stop because of pain. On musculoskeletal exam: No head tilt, anterior gravity of head, high shoulder, high hip, and pelvis, and longer leg was noted. Examination revealed spasms and tenderness on palpation over the lumbar paraspinals. There was no dorsiflexion power weakness. There was plantar flexion power weakness noted on the right side. There was decreased sensation noted to light touch and pinprick over the right L5 and S1 dermatomes. Manual muscle testing was within normal limits. No general muscle weakness was noted. Lumbar exam: Foraminal compression test was positive on the right. Straight leg raise test was positive at 45 degrees. Sitting Lasegue test was positive on the right. Bragard's, Kemp's, Milgram's, and Patrick's and Fabere tests were negative. Range of Motion: There was restricted range of motion with pain. Examination revealed no swelling, ecchymosis, crepitus or clicking. There was no muscle spasm noted over the quadriceps and gluteal muscles. There was tenderness noted over the trochanteric bursa on the right. There was no tenderness noted over the ischiogluteal bursa, iliopsoas bursa, iliotibial band, and groin area. Manual muscle testing was within normal limits. No general muscle weakness was noted. Sensory Exam: There is diminished sensation in the left L4-S1 dermatomes of the lower extremities. Deep Tendon Reflexes: Reflexes are symmetric at 2+/4 in the bilateral lower extremities but 1/4 in the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), EMGs (electromyography).

Decision rationale: As per CA MTUS, EMGs are useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. As per ODG, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. This patient had MRI of lumbar spine done on 09/12/2013 that showed no evidence of disc herniation or central canal or neural foraminal stenosis. Records indicate that this patient was treated with chiropractic treatment and medications and on physical exam, there is documentation of decreased sensation at L5 and S1 nerve distribution, diminished reflexes, restricted lumbar range of motion, and positive straight leg raise, but there is no evidence of a formal course of physical therapy has been tried and failed. There is not enough evidence to warrant EMG studies, and thus the request is non-certified.

NCS of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), Nerve conduction studies (NCS).

Decision rationale: As per ODG, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient was diagnosed with thoracic or lumbosacral neuritis or radiculitis and objectively has decreased sensation in the left L5 and S1 dermatomes of the lower extremities. Thus, the medical necessity has not been established and the request is non-certified.

Chiropractic physiotherapy twice a week for five weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Physical Medicine & Rehabilitation, 3rd Edition, 2007, Chapter 20: Manipulation, Traction, and Massage, pages 437 - 458.

Decision rationale: As per CA MTUS guidelines, chiropractic treatment for lower back is recommended for trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Further guidelines indicate that "if the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functions deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period. In this case, this patient was treated previously with chiropractic treatment, but it is unclear the total number of visits attempted so far and there is no documentation of objective functional improvement to support continuing care. Thus, the request for chiropractic physiotherapy twice a week for five weeks is non-certified.

